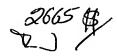
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| AMENDMENT TRANSMITTAL LETTER Docket No. SYCS-060/P1 | | | | | | | | | | |
|---|--|---------------------------------|-----------------------------------|-------------------------|----------|------------------|--|--|--|--|
| Application No. 10/004475-Conf. #6764 | | Filing Date October 23, 2001 | | Examiner C. L. Davis | | Art Unit 2665 | | | | |
| | Applicant(s): Yang CAO | | | | | | | | | |
| mention: METHODS FOR DISTRIBUTED SHARED MESH RESTORATION FOR OPTICAL NETWORKS | | | | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | | | |
| } | Claims | CLAIM Highest | S AS AMEN | DED I | · | | | | | |
| | Remaining After Amendment | Number Previously Paid | Number Extra Claims Present | Rate | | | | | | |
| Total Claims | 25 | - 25 = | | х | | | | | | |
| Independent Claims | 3 | - 3 = | | × | | | | | | |
| Multiple Depend | dent Claims (ch | eck if applicabl | le) | | | | | | | |
| Other fee (pleas | Other fee (please specify): Extension for response within second month | | | | | | | | | |
| TOTAL ADDIT | | 450.00 | | | | | | | | |
| x Large Entity | | | | Small Entity | | | | | | |
| No additional fee is required for this amendment. | | | | | | | | | | |
| X Please charge Deposit Account No. 12-0080 in the amount of \$ 450.00 . A duplicate copy of this sheet is enclosed. | | | | | | | | | | |
| A check in the | A check in the amount of \$ to cover the filing fee is enclosed. | | | | | | | | | |
| Payment by | credit card. Fo | orm PTO-2038 | is attached. | | | | | | | |
| | The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed. | | | | | | | | | |
| x Credit a | ny overpaymer | nt. | | | | | | | | |
| x Charge a | any additional fil | ing or application | on processing | fees required under 3 | 7 CFR 1. | 16 and 1.17. | | | | |
| Her | eh 1 | | | Dated: | October | 4 2005 | | | | |
| Kevin J. Canning Dated: October 4, 2005 | | | | | | | | | | |
| Attorney Reg. N | | • | | | | | | | | |
| LAHIVE & COCKFIELD, LLP 28 State Street | | | | | | | | | | |
| Boston, Massachusetts 02109 (617) 227-7400 | | | | | | | | | | |
| (011) 221-1400 | , | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 682 324 449 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the | | | | | | | | | | |
| date shown below. Dated: October 4, 2005 Signature: (Kevin J. Canning) | | | | | | | | | | |
| | | | | | | | | | | |
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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Inder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/004475-Conf. #6764 **Application Number** October 23, 2001 FEE TRANSMITTAI Filing Date Yang CAO First Named Inventor For FY 2005 Examiner Name C. L. Davis Applicant claims small entity status. See 37 CFR 1.27 2665 Art Unit SYCS-060/P105 TOTAL AMOUNT OF PAYMENT Attorney Docket No. (\$) 450.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 100 Utility 150 500 250 200 100 50 130 65 Design 100 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 100 **Provisional** 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) - 3 = 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

| SUBMITTED BY | | | | | | | | | | |
|-------------------|----------------|----|---|--------------------------------------|--------|-----------|-----------------|--|--|--|
| Signature | KUU ? | 12 | | Registration No. (Attorney/Agent) | 35,470 | Telephone | (617) 227-7400 | | | |
| Name (Print/Type) | Kevin J. Canni | ng | 8 | | | Date | October 4, 2005 | | | |
| | | | | | *** | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 682 324 449 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, R.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 4, 2005

Signature:

(Kevin J. Canning)